

INTERN HANDBOOK



Syracuse Veterans Affairs

Psychology Internship Training Program

Clinical Psychology
Counseling Psychology

APA Accredited

Veterans Affairs Medical Center
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I. INTRODUCTION

Welcome to the Veterans Affairs Predoctoral Psychology Internship at Syracuse, NY. Although the primary mission of the Psychology Service has always been patient care, the training of psychologists has been an integral part of that mission since the Service was established in 1953. Psychology staff members at the Syracuse VA are strongly committed to quality Internship training.

This Handbook provides you with specific information regarding your responsibilities as an intern as well as responsibilities of the training program toward you. Despite our efforts to make it detailed, additional questions will no doubt arise. Do not hesitate to ask Dr. Purnine, Dr. Kuehnel, or Carol Llados, BVAC Program Support Assistant, for answers. We would like your initial orientation period to be as painless as possible and the areas discussed below should help the process.

All supervising psychology staff members are available for emergency consultation or supervision during duty hours. You will receive a list of staff phone numbers during orientation; Ms. Llados (ext. 53464) may also assist in locating staff. Interns should feel free to contact Drs. Purnine or Kuehnel at any time, if their supervisor is unavailable or they desire additional consultation or supervision. Dr. Purnine can be reached after hours by calling his home at (315-475-8339).

II. GENERAL INFORMATION

Accreditation. The Psychology Internship at Syracuse VAMC is accredited by the Commission on Accreditation (CoA) of the American Psychological Association. Information about accreditation is available from the Office of Program Consultation and Accreditation of the APA:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: 202-336-5979
Email: apaaccred@apa.org
<http://www.apa.org/ed/accreditation>

Salary. The current intern salary is \$24,566 divided into 26 pay periods for the year. All employees receive pay through direct-deposit. Paper pay stubs may be phased out this year, replaced by the electronic on-line service, MyPay. Problems receiving your pay should be directed to Carol Lladós, Dr. Purnine, or the payroll office directly.

Time Requirements. Psychology interns are required by VA Central Office to complete 2080 hours of internship training acquired during on-duty time (including all approved leave time). Regular work hours (or “tour of duty”) are 8:00 am to 4:30 p.m., Monday through Friday, except for Federal holidays. Interns should expect, however, to work beyond the standard 40 hours at times. Lunch breaks are 30 minutes, often taken from 12:00-12:30. There is no overtime available. You cannot be credited for more than 80 hours during any two-week pay period. Should extensive periods of illness or other reasons prevent you from recording 2080 hours of training during your 1-year appointment, you would need to work beyond your 12-month appointment without compensation to accumulate the hours required to successfully complete the internship.

Non-Standard Duty Hours. If an intern’s clinical assignment involves patient care activities regularly outside of normal duty hours and the intern wishes to participate, interns can request a non-standard tour of duty. For significant changes to the schedule, your supervisor would discuss the request with the Training Committee. During a non-standard work schedule that involves patient contact, a supervisory staff psychologist must be present on site.

Sick Leave (SL). Like other VA employees, interns earn 4 hours of sick leave per pay period (13 days for the year): This is *gradually accrued over time*. Interns must have earned leave on the books in order to use it. Thus, after your 1st two weeks of work, you have 4 hours (i.e., a half-day) at your disposal; after 4 weeks, you would have 8 hours; if you use a day of sick leave during your 1st month here, you would have no hours of SL available until your 6th week, at which time you would have 4 hours again. This leave can be used for personal illness, medical/dental care, or to care for members of your immediate family who are ill or injured. Interns may be required to submit a physician’s note documenting the care or illness for repeated or lengthy use of sick leave. Because sick leave is intended only to be used when one is, in fact, sick, the only reason for submitting an electronic request for sick leave *in advance* is when one has a scheduled doctor’s appointment.

Annual Leave (AL). Interns earn 4 hours of annual leave each pay period (13 days for the year): Again, as with sick leave, AL is *gradually accrued over time*. Interns must have earned leave on the books in order to use it. Thus, after your 1st two weeks of work, you have 4 hours (i.e., a half-day) at your disposal; after 4 weeks, you would have 8 hours. Interns should request leave from the Training Director, ensure that all rotation supervisors are aware of expected leave, and that there are no gaps in clinical coverage. In addition, interns receive the 10 Federal holidays. Holidays, annual leave, and sick leave hours count toward the 2080-hour time requirement as interns remain under our supervised employment. If you have accrued sufficient AL throughout the year, you may take up to a week off at the end of the year (e.g., to allow for moving residence for a post-doc position).

Authorized Absence (AA). Authorized leave for training may be requested and granted for off-site educational workshops, seminars, and other approved training activities. Up to three days of authorized leave may be requested during the year for university-related business or other professional development activities (e.g., dissertation committee meetings). VA policy does not allow AA use for job interviews (unless it is with VA). AA may be taken in whole or in part, depending on the needs of the intern.

Requesting Leave. Please discuss any requests for leave with the Training Director and supervisors of rotations that may be affected by your absence. If leave is approved, clinics will need to be canceled and/or coverage arranged; therefore, adequate communication is paramount. In most cases, clerical staff will need to be informed, since they may need to cancel clinics.

Unscheduled absences related to illness or other emergencies should be reported to the affected clinics and the Training Director as soon as possible. It is the intern's responsibility to take appropriate action for scheduled patient care responsibilities and appointments (e.g. informing your supervisor and requesting other staff to cover or cancel appointments). At the BHOC (Erie Blvd.), you should call 425-4400 ext 53957 and leave a voicemail before 8:00 AM if possible, and specify if any clinics should be canceled. Reception staff will check for messages every 15 min. until 8:00. If calling after 8:00, you should speak with clerical staff directly.

In addition, the above forms of leave (AL, SL, AA) must be requested in advance on an electronic leave request form on the VISTA computer program. If an intern needs to take an unexpected day of SL, this must be similarly reported via computer as soon as possible upon one's return. *Taking any leave without proper authorization may result in loss of pay for the unauthorized absence, loss of supervised hours, and possible disciplinary action.*

NOTICE: *Interns are expected to keep their own tally & be aware of the amount of leave hours that they have used in each leave category (e.g., annual leave, sick live, & authorized absence), and not to exceed the amounts*

in each category. Leave usage and remaining available leave will be reviewed with the Training Director at the end of each trimester.

Weekly Schedules. At the beginning of every trimester, each intern should submit a weekly/hourly schedule of designated work activities to the Director of Training. New schedules should also be completed whenever significant changes occur. This schedule is used to help locate you if needed (e.g., during emergencies) and to keep track of your training activities.

Outside Employment. The internship year is busy and demanding. Since the Psychology Service is responsible for interns' clinical training and supervision, outside paid employment for clinical activities such as therapy or psychological assessment is discouraged. Requests for other non-clinical professional activities such as teaching, research, or non-psychological paid employment outside of normal duty hours may be considered on a case by case basis. Interns should not commit to any outside employment or volunteer activities of a psychological nature before getting the approval of the Training Director and Behavioral Health Careline Manager.

Intern Offices. Interns are assigned office space equipped with a networked computer workstation, and a phone. Basic office supplies are available from the Lead Program Support Assistant. Do not remove or exchange furniture without notifying Carol Lladós in the Behavioral Health Office. Interns who wish to bring personally owned electrical equipment or other items to their office must notify Carol in order to obtain the necessary electrical inspection. The VA is not responsible for breakage or theft of personal items. Interns should keep any valuables locked in their desk whenever they are not in their office.

Photo IDs and Pagers. Photo IDs will be taken during orientation week. All interns and staff are required to wear photo ID badges at all times during duty hours. ID Badges must be surrendered at the end of the training year. Interns are assigned hospital pagers during orientation week. They should be worn at all times during duty hours. Replacement batteries are available from Carol Lladós. Answer pages as soon as the clinical situation allows.

Tests, Equipment, and Keys. Secretarial staff will assign your office keys. The hospital may charge a fee for each lost key. Contact the Behavioral Health secretary if you are locked out or lose a key. Most testing supplies can be obtained from supervisor(s) of the Assessment Rotation. These will be reviewed in the Assessment Seminar.

Addresses and Telephones. FAX numbers and BVAC staff phone numbers are listed in our Directory and updated frequently. Phone numbers for other VA staff can generally be found through Outlook on the computer. If unsure of the phone number of a particular VA clinic or office, the VAMC operators (dial "0") can assist you.

Our address is VA Medical Center (116), 800 Irving Avenue, Syracuse, NY 13210. VA staff forward our mail to the BHOC facility on the shuttle. Mail can also be sent directly to the VA Behavioral Health Outpatient Center, 620 Erie Boulevard West, Syracuse NY 13204. Please check your mailbox every day, as they often contain notes from clerical staff regarding patients or appointments.

You should receive instructional materials during orientation week to help set up and operate your phone. There is a standard voicemail message that all employees use. A sample script follows:

“You have reached the phone of [insert name, title]. If this is a life threatening emergency, please hang up and dial 911 for immediate medical or mental health attention. If you are calling to cancel or reschedule an appointment, please call 425-3463. If you would like to leave a voice mail message please press the number 1 at this time. If you have thoughts of harming yourself, please call the Veteran’s Crisis Hotline at 1-800-273-8255. Otherwise, please leave a brief message and I will return your call when I am able during normal business hours.

Interns should give Carol Lladós their home address and phone number during the week of orientation. It is also your responsibility to notify secretarial staff if your address or phone number changes during the year. After graduation, please keep us apprised of any address, email, job, or credentialing changes, since we frequently receive requests to document your training and professional status to outside agencies or may need to contact you for other reasons. APA requires that we maintain accurate records regarding your professional activities for seven years.

Professional Dress and Behavior: As a psychology Intern and as a member of the Behavioral Health Careline at the Syracuse VAMC, you will be expected to act in a professional manner and conform to the Ethical Standards of the American Psychological Association. You are also considered to be a Syracuse VAMC employee and are bound by certain requirements as well as eligible for certain benefits and services.

Interns are expected to dress professionally. This usually implies a dress shirt and ties for men, and dresses, slacks, or other professional attire for women. Blue jeans are not acceptable. Patients should generally be referred to as “Mr. _____” or “Ms. _____”. However, you may wish to discuss particular cases with your supervisors.

Paper Chart Requests: Most patient information can be gleaned from the Computerized Patient Record System (CPRS), including “remote data” from other VA facilities across the nation. At times, however, it may be helpful to access local paper charts for information prior to the advent of CPRS (~1997). You may request patient files for outpatients from secretarial staff. These must be returned promptly to the Medical Records department.

Liability Coverage for Malpractice. The Federal Government provides you with liability (malpractice) coverage for litigation ensuing from your professional duties during your Internship. This coverage is limited to duty hours while at VA facilities and only when practicing within the scope of your professional expertise and clinical privileges. Extra-VA (off-station) rotations are thus not covered, nor is non-duty time. For that reason you may want to avail yourself of the APA Sponsored Group Professional Liability Insurance coverage, which is provided at low rates.

On-The-Job Injuries and Health Insurance. Injuries incurred on the job are to be reported immediately to the Behavioral Health Secretary, the Training Director and to the Employee Health Clinic. Emergency care will be provided by the medical center for job-related injuries. As well, the Employee Health Clinic offers “sick call,” a program of free on-the-job treatment for minor illnesses (e.g., colds, sore throats, etc.). As an intern, you are eligible to participate in health care plans offered through the Syracuse VAMC.

Therapeutic and Support Services. Personal counseling services provided by members of the Central New York Psychological Association are generally available at reduced rates. Please contact CNYPA <http://www.cnypa.net> or the Training Director for more information. If in need of financial assistance while on internship, the TD is available to help identify possible sources of assistance.

Legal/Other Inquiries. Should legal concerns arise in association with one’s VA duties, interns may contact the VA’s Regional Counsel for legal advice. Interns can make use of the EEO counselors as needed. The EEO website is: <http://vaww.visn2.med.va.gov/emp/eo.html>

Gifts. The federal government has strict prohibitions against employees accepting personal gifts or gratuities from patients, their families, or from individuals doing business with the Department of Veterans Affairs. Be sure to discuss the therapeutic and ethical issues regarding this prohibition with your supervisors.

Mailbox. Please empty your mailboxes daily.

Photocopier. The copiers at the VA are for business purposes only. Please notify one of the clerks if you have difficulties with the copier.

Telephones. To place outside calls, the procedure is as follows: For local calls, Dial “9”, and when you hear a new dial tone, dial the 7-digit number. For long distance calls, dial “9” then “1,” the area code, and the 7-digit number. Telephones are for official use only. However, it is alright to place brief personal calls for such purposes as advising your family that you are working late, to call locations available only during working hours (e.g., physician), etc.

Upstate Medical University Library. Interns may use the Medical Library at the SUNY Upstate Medical University, located in Weiskotten Hall, directly across from the VAMC. As a VA employee, your ID can be used as an identification card for that purpose. Interns also have access to extensive resources online, through “Hubnet” and the VA’s Virtual Library.

III. SUPERVISION

You will be supervised on a weekly basis in each of your professional activities. Interns generally receive significantly more than the APA minimum of two individual hours and four hours total. In addition to individual supervision in Outpatient Mental Health (OMH), Assessment, and the elected rotations, group supervision takes place through case conference meetings in OMH and Assessment.

Assignment of OMH supervisors is made at the beginning of the training year. We do our best to take into account interns’ preferences and goodness-of-fit with staff areas of expertise. Because several OMH cases are likely to span across trimesters, interns stay with the same supervisor throughout the year. Supervision assignments for Assessment are likely to change across trimesters, so that you have the chance to experience different styles. Requests for particular supervisors, changes in supervisors, etc., should be discussed with the Director of Training. Each supervisor will arrange weekly supervisory meeting times with you.

IV. PATIENT CARE RESPONSIBILITIES

As a Psychology Intern treating a patient, you assume a general responsibility for the delivery and coordination of the psychological aspects of that patient’s care, with guidance from your supervisor who carries the formal responsibility. Depending on the particular clinic/rotation, responsibilities may include comprehensive assessment, development of a treatment plan, and following through on all aspects of that plan, including consultation with other providers and initiating referrals to other services as appropriate. You will enter periodic progress notes on each patient you are following in treatment. Reports and progress notes must be completed in a timely manner; check with your supervisor for specific timeframes.

As a Psychology Intern you will arrange for coverage of your patient responsibilities during those times when you are away from the VA for reasons such as vacations, illnesses, etc. The nature of that coverage may vary with the needs of a particular patient. Nonetheless, you must ensure that everyone involved with your patients’ care is made aware of your absence; this includes your supervisors for whichever rotations you are to be on that day, as well as clerical staff for those rotation sites. Generally, rotation supervisors provide coverage, but other arrangements often need to be made in cases where the supervisor also plans to be away.

As a psychology intern, we expect you to behave in a courteous and professional manner toward your patients and colleagues at all times. You are responsible for familiarizing yourself with the Ethical Standards of the American Psychological Association. You are also expected to follow institutional regulations as they apply to privacy, confidentiality, and the release of patient information. Weblinks are provided for:

APA Ethical Standards: <http://www.apa.org/ethics/code2002.html>

VA VISN2 Policies, including the Privacy Policy:

<http://vaww.visn2.portal.va.gov/sites/is/Shared%20Documents/Forms/AllItems.aspx>

Status as Intern. Patients must be informed of your status as a Psychology Intern, your relationship to the supervisor, and how this affects the confidentiality of the treatment. The following is suggested wording that you might use to explain your status to your patient during the first session:

"I'm a Psychology Intern in training under the supervision of Dr. _____. I'm telling you this because I will be discussing your case with Dr. _____ on a regular basis. You can contact Dr. _____ at 425-4400, ext. ###.

Progress notes also need to identify your supervisor.

Consent to audio recording. Some supervisors may ask that you audio-tape or video-tape sessions. If a patient agrees to be taped, a written consent needs to be completed and signed by both the patient and the interviewer.

Clerical staff can provide you with this form. You may also access it directly at: <http://www4.va.gov/vaforms/medical/pdf/vha-10-3203-fill.pdf>

Clinical Reminders. There are a number of standard assessments and screenings (e.g., GAF rating, suicide risk assessment) that must be completed on a periodic basis. Discuss with your supervisors which clinical reminders are necessary for that rotation. Prior to meeting with a patient, please consult the computer to determine whether you will need to attend to any these.

V. DOCUMENTATION

The VA has an excellent centralized medical record, or Computerized Patient Record System (CPRS). This system provides a history of the patient's treatment and allows professionals to communicate with one another and coordinate their efforts. Entries are made through the use of Electronic Progress Notes and Consults on CPRS. Interns will receive training in the use of the

CPRS system to enter progress notes, assessment reports, and document telephone contacts.

What you write should be considered thoughtfully. Be aware that patients have a right to their records and often do access and review their progress notes. You should avoid exposing intimate life details if they are not essential to communication. Likewise, highly speculative comments and editorializing are inappropriate. Suspicions you may have about a patient (e.g., that he's an unreliable informant; that she's consuming more alcohol than she acknowledges; that his motivations for treatment may have to do with financial issues) may have a place in the record but should be identified as suspicions and not portrayed as facts.

A general guideline for entering a note would be to record anything you consider significant whenever it occurs, e.g., a phone call from a relative, a chance but revealing encounter with the patient. All clinical encounters should be documented by the end of the day that the encounter occurred. When possible, notes should indicate the date of the next scheduled visit. For intakes and assessments (which may take longer to write), a brief note should be entered documenting each contact with relevant behavioral information (e.g., "on time, cooperative, intoxicated, terminated prematurely") and attention to safety issues (e.g., "denied suicidal ideation"), indicating that "a full report will follow." All entries you make in the medical record (e.g., progress notes, psychological reports, requests for consults from other specialties) must be cosigned by your supervisor.

VI. CONFIDENTIALITY

Many people, beyond those directly providing care, have access to the patient record. This could include professional staff, non-professional staff, and even the patient. Please keep this in mind when writing anything in patient records. Don't be dissuaded from writing what is appropriate in your professional judgment, but be aware that others may read your notes in addition to your intended audience.

Reception areas, elevator, and other public places are not appropriate forums for any case discussions, even if no names are mentioned. It is unprofessional to engage in the discussion of case material in public places.

It is very important that patient-related information be secured at all times. When leaving your office for the day, ensure you've locked your door and that no documents or notes with patient names are left visible on your desk. During the day, make sure to close your door when not in your office, even if you just plan to be away briefly (e.g., to pick something up from the printer). Be aware that examiners audit the clinic on occasion to evaluate our "environment of care."

Before any information can be released to any source, a “release of information” (ROI) form must be signed by the patient. This includes phoned as well as written requests. Merely acknowledging that a veteran is or was a patient can be potentially damaging. The proper ROI form is: VA Form 10-5345, “Request for and Authorization to Release Medical Records or Health Information.” There is also a form the veteran signs when we are requesting information from another treatment source. You are advised to check carefully with your supervisor before releasing any information concerning insurance and/or disability forms. Of course, in the event of an emergency, it is the clinician’s judgment that determines the amount and kind of information released.

The Syracuse VA has developed policies concerning possible limits to confidentiality in cases involving suspected child abuse or “duty to warn” situations. These policies involve notification of the Careline Manager and the VA police. Supervisors should be consulted in any of these types of situations.

VII. EVALUATION

Intern Evaluation. Your progress toward competency in various specific objectives will be evaluated on three occasions throughout the year. At the end of each trimester, your supervisors will complete the Trimester Evaluation Form (Appendix A) and will review it with you. Successful completion of the internship requires that you achieve a mean rating among supervisors of at least a 4 (“meets entry-level competence for general independent practice”) for each applicable competency by the end of the third trimester. Progress on achieving these competencies is recorded on the Internship Tracking Form (Appendix B) and reviewed with the Training Director periodically. At the beginning of the year, you also may be asked to conduct a self-assessment, using the Trimester Evaluation form, to help develop goals for your professional development throughout the year. You are encouraged to invite ongoing feedback from your various supervisors throughout each rotation.

There are three levels of possible corrective feedback.

1. All interns should expect to discuss targeted areas for further growth in the trimester evaluation process. This will help interns identify skills to work on through the remainder of the year.

2. If there should arise a significant concern about an intern’s progress with any of the internship’s competency objectives, this will be brought to the attention of the Training Director. The Training Committee will then meet to discuss the matter and determine whether the intern appears unlikely to meet one or more competency objectives by the end of the year, given current performance and rate of progress. If this is determined to be the case, the Training Committee will develop a written Remediation Plan (Appendix C) to help the intern improve and achieve an acceptable level of performance. Plans may include changes in

training activities, additional readings, frequency and focus of supervision, etc. The intern's input may be solicited in creating the plan and a copy will be provided to the intern. A target date will be identified (~30-60 days) and the Training Committee will meet within two weeks of this date to determine whether criteria for successful remediation have been met. Training Committee decisions will be communicated to the intern in writing within one week of this meeting and will detail the rationale for the Committee's decision.

Significant concerns about interns' progress on competencies may be raised at any time. However, the Training Committee will automatically consider the need for formal remediation if the intern receives any competency rating of "1" (requires formal remediation) at the conclusion of the first or second trimester.

3. Finally, a mechanism is in place to guide any disciplinary actions that may be necessary in the event of serious unprofessional or unethical conduct. Due process guidelines are outlined in Appendix D.

Oral Presentations. Three oral presentations are planned throughout the year. Each intern presents on a topic of his/her choosing in the Special Topics Seminar; no evaluation is involved. In the Assessment Seminar, interns make one formal presentation on an assessment case. Later in the year, you will also present a therapy case that highlights your knowledge in areas of intervention, theory, diagnosis, etc. Appendix E contains the evaluation forms for the two case presentations.

The Comprehensive Case Presentation is an opportunity to demonstrate the knowledge and skills you've been developing on internship (e.g., assessment, intervention, theory, presentation skills). This should be undertaken in much the same way as a formal "job talk." Interns generally stand up and present the case to the psychology training staff, with aid of a Powerpoint presentation, in the large conference room. We generally expect presentations to include 60 minutes of presented material, followed by about 15-30 minutes of questions and discussion. A rough breakdown of topics may be as follows: 30 minutes on a) referral source/question, b) background, c) assessment (including objective data where possible, or if not, what measures might be indicated), and 30 minutes on the course of psychological intervention and patient response. A scholarly article or chapter that is pertinent to the case should be discussed as well; copies should be distributed to staff a week prior to the presentation.

Interns should discuss with their supervisors which case may be most appropriate to present; these tend to be cases of longer duration, that are complex or highlight important clinical or theoretical points, and that showcase the intern's developing knowledge and skills. Preparing the presentation is intended to be a fairly independent task, with limited supervisory input. Cases often derive from OMH caseloads but may come from other clinics/rotations as well. Please review the evaluation form for the Comprehensive Case Presentation, in the appendix of this handbook, to help guide preparation.

Communication with Graduate Programs. We follow the recommendations of the 2007 "Recommendations for Communication," developed by the Council of

Chairs of Training Councils (CCTC). These are reproduced below, with minor modifications:

Communication between doctoral training programs and internship programs is of critical importance to the overall development of competent new psychologists. The predoctoral internship is a required part of the doctoral degree, and while the internship faculty assess the student performance during the internship year, the doctoral program is ultimately responsible for evaluation of the student's readiness for graduation and entrance to the profession. Therefore, evaluative communication must occur between the two training partners. Given this partnership, our training program has adopted the following practices:

All students will be informed of the practice of communication between the doctoral program Director of Clinical Training (DCT) and internship Training Director (TD). Such communication is consistent with discussion among trainers throughout the student's graduate training (e.g., practicum supervisors).

Once a student has been matched with the Syracuse VAMC internship, the TD will contact the DCT to inquire about specific training needs of the student, so that we have sufficient information to make training decisions to enhance the individual student's development.

During the internship year, the Directors of the two programs will communicate as necessary to evaluate progress in the intern's development. This will include a minimum of two formal evaluations (one at mid-year and one at the end of the year), and may also include regular formal (written) or informal communication. The intern has the right to know about any written communication that occurs and can request a copy of any written information that is exchanged.

In the event that problems emerge during the internship year, i.e., an intern fails to make expected progress, the Directors of the two programs will communicate and document the concerns and the planned resolution to those concerns. Both doctoral training program and internship program policies for resolution of training concerns will be considered in developing necessary remediation plans. Progress in required remediation activities will be documented and that information will be communicated to the doctoral program's DCT.

Program Evaluation. Program evaluation is an on-going and vital activity of the Internship Program. Your input can help us to identify what is working well and those areas that could be improved or enhanced. In addition to encouraging verbal feedback at biweekly Psychology/Training Committee meetings and informal feedback throughout the year to supervisors and the Training Director, we request more formalized feedback through the following mechanisms. First, we ask that you complete an evaluation form following each presentation or series of presentations in the Special Topics and Assessment seminars

(Appendix F). At the end of each trimester, you will be asked to complete evaluation forms for each of your supervisors/rotations (Appendix G). At the end of the year, we ask that you complete a summary evaluation of the Internship as a whole (Appendix H). Please give these evaluations to Carol Llados to file. They are not reviewed by the Training Committee until after the completion of your internship year. Your constructive feedback helps the Syracuse VA Internship become an even stronger training program for subsequent interns.

VIII. DOCTORAL PROGRAMS OF RECENT INTERNS

2011-2012	Danielle Arigo	Syracuse University	Clinical PhD
	Sherry Broadwell, PhD	Argosy Univ- Atlanta	Clinical PsyD
	Kyle Haggerty	Drexel University	Clinical PhD
	Catherine Pilotte	Purdue Univ	Counseling PhD
2010-2011	Alison Cole	Binghamton University	Clinical Ph.D.
	Li-Ling Lin	SUNY at Albany	Counseling Ph.D.
	Tracey Rocha	SUNY at Albany	Counseling Ph.D.
	Annmarie Wacha	Nova Southeastern	Clinical Psy.D.
2009-2010	Elizabeth Casey	Kent State University	Clinical Ph.D.
	Wendy Fogo	Bowling Green Univ.	Clinical Ph.D.
	Jacqueline Halpern	La Salle University	Clinical Psy.D.
	Sean O'Hagen	Binghamton University	Clinical Ph.D.
2008-2009	Jane Higham	SUNY at Albany	Counseling Ph.D.
	Jamie Ponce	University of Maryland	Clinical Ph.D.
	James Soeffing	University of Alabama	Clinical Ph.D.
2007-2008	Zach Collins	Binghamton University	Clinical Ph.D.
	Brandon Heck	Loyola College	Clinical Psy.D.
	Stephanie Lamattina	University of Maine	Clinical Ph.D.
2006-2007	Laura Frame	Binghamton University	Clinical Ph.D.
	Laurie Gallo	Binghamton University	Clinical Ph.D.
	Joshua Knox	Binghamton University	Clinical Ph.D.
2005-2006	Saul Freedman	Spaulding University	Clinical Psy.D.
	Allison Miller	Binghamton University	Clinical Ph.D.
	Sunde Nesbit	Purdue University	Clinical Ph.D.

APPENDIX A: Intern Trimester Evaluation

Psychology Predoctoral Internship, Syracuse VA

NAME: _____ **Rotation:** _____ **Trimester:** 1 2 3

Supervisor: _____

Date reviewed with Intern: _____ **Intern signature:** _____

1 = Requires remediation

2 = Needs some improvement

3 = Satisfactory progress (developmentally appropriate early in the year)

4 = Meets entry-level competence for general independent practice

5 = Exceeds entry-level competence for general independent practice

6 = Outstanding

***By the 3rd trimester, interns are expected to achieve a mean of '4' across all items.**

INTERNSHIP GOAL & SPECIFIC OBJECTIVES	Competency Rating (1-6 or N/A)
A. CORE SKILLS	
Personal and Professional Skills	
1. Demonstrate mature personal integrity and honesty	
2. Demonstrate intellectual curiosity	
3. Non-defensive, flexible, capacity to adapt to change	
4. Demonstrates initiative, appropriate level of independence	
5. Successfully manages multiple roles & responsibilities, time, workload	
6. Develops clear goals and objectives for career development	
7. Good working relationships with other staff	
8. Reports and progress notes are well written, clear, appropriately concise and/or comprehensive.	
9. Completes documentation/ reports in a timely manner	
Scholarly Inquiry	
10. Participates actively in seminars, group meetings	
11. Good oral presentations (case conferences, seminars, team meetings, etc.)	
12. Seeks out and/or makes effective use of current literature pertinent to this rotation	
13. Demonstrate a hypothesis-driven approach to clinical practice	

INTERNSHIP GOAL & SPECIFIC OBJECTIVES	Competency Rating (1-6 or N/A)
14. Program evaluation and/or patient outcome evaluation (e.g., monitor patient progress/outcome in objective terms)	
15. Understand scientific merits/ limitations of empirical studies	
16. Progress on dissertation or other research/presentations	
Ethics and Diversity	
17. Addresses issues of informed consent, confidentiality, clinic policies, etc.	
18. Evaluates potential for violence toward self or others when indicated	
19. Awareness and adherence to APA ethical guidelines in assessment, intervention, and all professional activities	
20. Ability to engage and think critically about ethical issues	
21. In assessment and intervention, understands and is sensitive to issues of cultural and individual diversity (e.g., culture, age, SES, sexuality, gender, spirituality, ability).	
22. Raises issues of therapist/client diversity when appropriate	
23. Seeks consultation/supervision on diversity issues when indicated	
<u>Comments (e.g., strengths, areas for further growth):</u>	
B. ASSESSMENT	
1. Diagnostic interviewing skills	
2. Familiarity with DSM-IV criteria and differential diagnosis	
3. Intern discusses the recommended use and psychometric limitations of common personality, cognitive and symptoms measures.	
4. Selection of appropriate assessment approaches, tests	
5. Administration, scoring of psychological tests	
6. Interpretation of psychological tests	

INTERNSHIP GOAL & SPECIFIC OBJECTIVES	Competency Rating (1-6 or N/A)
7. Reports display effective synthesis of data from different sources (i.e., interviews, record review and psychological testing)	
<u>Comments (e.g., strengths, areas for further growth):</u>	
C. INTERVENTION	
1. Establishes and maintains a therapeutic alliance	
2. Develops a theoretically-informed case conceptualization	
3. Develops and documents appropriate therapy goals and treatment plan	
4. Identifies and manages process issues, transference, countertransference, professional boundaries	
5. Effective and flexible application of therapeutic strategies, pacing of interventions	
6. Knowledge and application of evidence-based treatments	
7. Reliably monitors and documents patient's mental status and progress in therapy	
8. Recognizes and responds appropriately to patient crises	
9. Planning for, managing termination of therapy	
<u>Comments (e.g., strengths, areas for further growth):</u>	
D. CONSULTATION AND SUPERVISION	
Consultation	
1. Clarifies purpose of referrals	
2. Communicates results of assessment or intervention to referral source.	
3. Communicates results of assessment to patient and/or family.	
4. Coordinates care with other disciplines/ providers	
Receiving Supervision	
5. Prepares well for supervision and clearly presents relevant material	
6. Awareness of limits of professional competence	

INTERNSHIP GOAL & SPECIFIC OBJECTIVES	Competency Rating (1-6 or N/A)
7. Receptive and responsive to supervisory input	
8. Seeks out additional consultation/supervision as needed	
Providing Supervision	
9. Provides others in group supervision or case conference with appropriate feedback	
10. Provides a safe atmosphere for supervisee	
11. Appropriately structures supervisee's training experience	
12. Provides constructive feedback, guidance for supervisee	
13. Promotes increasing level of autonomy in supervisee	
14. Effectively manages boundary and ethical issues with supervisee	
<u>Comments (e.g., strengths, areas for further growth):</u>	

Supervision Agreement

This document is intended to: 1) establish parameters of supervision; 2) assist in supervisee professional development; and 3) provide clarity in supervisor responsibilities. The trainee recognizes that both the trainee and the supervisor are responsible for clients' welfare, and agrees to notify the supervisor of any problems that arise in therapy (e.g., suicidal or homicidal risk, suspected child or elder abuse).

Name of Intern: _____ Name of Supervisor: _____

I. Competencies Expectations

- A. Supervision will occur in a competency-based framework (see Trimester Evaluation Form).
- B. Supervisees will self-assess clinical competencies. This may be conducted verbally and/or in writing.
- C. Supervisors will compare trainee self-assessments with their own assessments based on: 1) observation of clinical work; 2) report of clinical work; 3) recordings of clinical work; and/or 4) supervision.
- D. The initial level of supervision (room, area, available) will be determined and discussed at the beginning of supervision. Any changes in this level will be discussed in supervision.

II. Context of Supervision

- A. _____ hours of individual supervision will be provided per week.
- B. _____ hours of group supervision will be provided per week.
- C. Treatment notes will be completed for all sessions and available for review in supervision. These notes will be completed in a timely manner (discuss specifics with supervisor).
- D. Supervision may consist of multiple modalities including: 1) review of tapes; 2) progress notes; 3) live observation; 4) instruction; 5) modeling; 6) mutual problem-solving; 7) role-play; 8) other _____.
- E. Sessions will only be recorded with voluntary informed consent of the Veteran on VA Form 10-3203.

III. Evaluation

- A. Feedback will be provided in each supervision session and be related to competency-based goals.
- B. Summative evaluation will occur at the end of each 4-month trimester.
- C. Forms used in the summative evaluation process are available in the Intern Handbook.
- D. Interns should strive to achieve ratings of "satisfactory progress" (3) in the first trimester. By the end of year, interns are expected to achieve average supervisor ratings of "Meets entry-level competence for general independent practice" (4).
- E. If the supervisee is not making satisfactory progress toward successful completion, the supervisee will be informed at the first indication, and supportive and remedial steps will be implemented to assist the supervisee (see Remediation section of Intern Handbook).

IV. Duties and Responsibilities of Supervisor

- A. Upholds and adheres to the APA Ethical Principles of Psychologists and Code of Conduct.
- B. Oversees and monitors all aspects of client case conceptualization and treatment planning.
- C. Reviews video/audio tapes when applicable.
- D. Develops supervisory relationship and establishes emotional tone.
- E. Assists in the development of goals and tasks to be achieved, specific to assessed competencies.
- F. Presents challenges to, and problem-solves with, the supervisee.
- G. Provides suggestions regarding client interventions/evaluation as well as directives for clients at risk.
- H. Will discuss his/her professional background and scope of competence as it pertains to this supervision.

- I. Identifies theoretical orientation(s) used in supervision and therapy, and takes responsibility for integrating theory in the supervision process. This includes assessing the supervisee's theoretical orientation, training, and understanding.
- J. Identifies and builds upon the supervisee's strengths.
- K. Introduces and models the consideration or use of personal factors (e.g., culture, values, beliefs, personality).
- L. Ensures a high level of professionalism in all interactions.
- M. Identifies and addresses strains or ruptures in the supervisory relationship.
- N. Signs off on supervisee case notes in a timely manner.
- O. Defines additional aspects of professional development to be addressed in supervision.
- P. Distinguishes and maintains the line between supervision and therapy.
- Q. Identifies delegated supervisors who will provide supervision/guidance if and when the supervisor is not available for consultation.

V. Duties and Responsibilities of the Supervisee

- A. Upholds and adheres to the APA Ethical Principles of Psychologists and Code of Conduct.
- B. Comes prepared to discuss client cases, including case-conceptualization, with necessary materials (e.g., video/audio tapes, notes, progress notes), questions, and relevant literature.
- C. Is open to discussing personal factors that impact one's clinical work or professional development (e.g., culture, values, beliefs, personality).
- D. Identifies specific needs relative to supervisor input.
- E. Identifies strengths and areas of future development.
- F. Understands the liability of the supervisor with respect to supervisee practice and behavior.
- G. Identifies to clients 1) limits of confidentiality, 2) status as supervisee, 3) the supervisory structure (including supervisor access to case documentation), and 4) name of the clinical supervisor(s).
- H. Discloses errors, concerns, and clinical issues as they arise.
- I. Raises issues or disagreements that arise in the supervision process, with the goal of resolving them.
- J. Provides feedback to supervisors on the supervision process.
- K. Responds non-defensively to supervisory feedback.
- L. Consults with the supervisor or delegated supervisor in all cases of emergency.
- M. Implements supervisor directives in the timeframe specified by supervisor.

VI. Procedural Issues

- A. Although in supervision only the information that relates to the client is confidential, the supervisor will treat supervisee disclosures with discretion.
- B. There are limits of confidentiality for supervisee disclosures regarding clients or themselves. These include, but are not limited to, ethical and legal violations and indication of harm to self or others.
- C. The supervisor will discuss the supervisee's development and strengths with the training faculty at this facility.
- D. Written progress reports will be submitted to the trainee's school and training director describing his/her development, strengths, and areas of concern.

We, _____ (supervisee) and _____ (supervisor), agree to follow this supervision agreement and to conduct ourselves in keeping with the principles contained therein.

Supervisor's Signature: _____ Supervisee's Signature: _____

Date of Agreement: _____ Rotation: _____ Trimester: _____

Graduated Levels of Responsibility

Psychology Predoctoral Internship, Syracuse VA

In accord with VHA Handbook 1400.04, Supervision of Associated Health Trainees, and its supervision requirements related to graduated levels of responsibility for safe and effective patient care, we routinely evaluate each psychology intern's experience, judgment, knowledge and clinical skills in order to determine the appropriate level of responsibility for various clinical activities.

At the outset of each rotation, and periodically throughout the rotation, each supervisor reviews these assigned levels of responsibility with the intern and makes appropriate adjustments. Each supervisor also determines which activities the trainee will be allowed to perform within the context of these assigned levels.

<u>Clinical Activity</u>	<u>Level of Supervision</u>	<u>Effective Date</u>	<u>Supervisor Initials</u>
Psychological Assessment	Room	____/____/____	_____
	Area	____/____/____	_____
	Available	____/____/____	_____
Psychological Intervention	Room	____/____/____	_____
	Area	____/____/____	_____
	Available	____/____/____	_____

Note: Supervision Types

Room. The supervising practitioner is physically present in the same room while the trainee is engaged in direct health care activities.

Area. The supervising practitioner is in the same physical area and is immediately accessible to the trainee. The supervising practitioner meets and interacts with veterans as needed. The trainee and supervising practitioner discuss, plan, or review evaluation and treatment.

Available. Services are furnished by the trainee under the supervising practitioner's guidance. The supervising practitioner's presence is not required during services, but the supervising practitioner must be in the facility*, available immediately by phone or pager, and able to be physically present as needed.

* We consider the "facility" to include all areas of the VA Medical Center, Community Care Center, and the Behavioral Health Outpatient Center, which are accessible via the shuttle.

APPENDIX B

Syracuse VA Psychology Internship: Tracking Form

(to be reviewed with Training Director at end of each Trimester)

Intern name: _____
Internship Start Date: _____

Date/Trimester of review: _____
Internship End Date: _____

Competencies (Required)

Objective Met?

Date

Mean rating ≥ 4 among supervisors for all rated competencies in each Goal Area:

1. Core Skills
2. Assessment
3. Intervention
4. Consultation and Supervision

Training Experience Goals

Objective Met?

Date

1. 12 OMH intakes
2. Two OMH long-term (>5 mo.) cases
3. Group therapy experience

4. Minimum of 8 Assessment reports
5. Minimum of 3 integrated reports*
6. At least 2 MMPI/MCMI
7. At least 2 WAIS-IV
8. At least 1 WMS

*Integrated reports include structured interview, personality testing, and intellectual, memory or achievement testing.

9. Comprehensive Case Presentation
10. Assessment Case Presentation
11. Seminar Presentation

12. Any Additional Trainings/Workshops:

INTERN LEAVE USE (to present)		Annual Leave (max=104)	Sick Leave (max=104)	Authorized Absence (max=24)
Trimester ____	Date: _____			

Appendix C

Intern Performance Remediation Contract

Intern Name _____ Date _____

I. Area of Deficiency:

II. Remediation Plan:

III. Criteria for Successful Remediation:

IV. Deadline for Completion of Remediation Plan: _____

V. Consequence if Plan not Completed by Deadline:

Signatures:

Intern

Primary Supervisor

Daniel Purnine, PhD
Director of Training

Judy Hayman, PhD
Lead Psychologist
BVAC Careline Manager

APPENDIX D

DUE PROCESS GUIDELINES PSYCHOLOGY TRAINING PROGRAM SYRACUSE VAMC

GRIEVANCE PROCEDURE

I. Scope:

This procedure applies to all psychology Interns and practicum students. Issues involving discrimination or sexual harassment follow VISN policy and procedures (Network Memorandum 10N2-64-07, Equal Employment Opportunity Program). Procedures for specific training issues are discussed in this document.

II. Policy:

Supervisors are expected to give full and fair consideration to complaints and causes of dissatisfaction. No Intern or student shall be restrained, interfered with, or in any way treated prejudicially in connection with the exercising of rights under this grievance procedure.

III. Responsibilities:

A. Supervisors: The supervisor is responsible for resolving grievances whenever possible. Cases involving potential disciplinary action must be referred to the Director of Training.

B. Director of Training: The Director of Training is responsible for informing all Interns and students of their rights under the grievance procedure. The Director of Training coordinates all conferences related to grievances and serves as the chairperson of conferences for the first level of review.

C. Behavioral Health Care Line Manager: The Behavioral Health Care Line Manager acts as the final authority on all grievances and serves as the chairperson of conferences beyond the first level of review.

IV. Procedure

A. Grievances concerning matters of training should be brought to the attention of the supervisor associated with the issue in question. In most cases, concerns are resolved informally. If the Intern/student is not satisfied with the supervisor's response, however, the grievance shall be stated clearly in writing and brought to the attention of the Director of Training. In questions of supervision or rotation assignment, the Director of Training is responsible for devising an action plan. If the Intern is

dissatisfied with the action plan, the matter shall be reviewed by the Behavioral Health Care Line Manager.

- B. The Intern may appeal the recommendations and/or decisions of this procedure by submitting written statements delineating his/her objections to the Behavioral Health Care Line Manager and the Director of Training, whereupon they will review the case and arrive at conclusions and recommendations which will be binding on the Intern. At this level, procedures will be performed in consultation with a VAMC Personnel Officer to assure that all relevant VA personnel policies are adhered to.
- C. All documentation (originals or copies) relating to formal complaints/ grievances will be maintained, for purposes of tracking and program self-assessment, in a locked file cabinet, maintained by the internship's Program Support Assistant.

INTERN DISCIPLINARY ACTION PROCEDURE

I. Scope:

This procedure applies to all Psychology Interns and practicum students.

II. Policy:

Disciplinary actions are taken in response to violations of the regulations governing Intern behavior - APA Ethical Guidelines, APA Standards for Providers of Psychological Service, VA rules and regulations, and the rules and regulations of the Internship program as delineated in this Handbook.

III. Responsibilities:

A. The Director of Training and the Intern meet to determine the nature and severity of the infraction. If it is felt that only a letter of counseling is warranted, the letter is drafted by the Director of Training, signed by the Intern and placed in the Intern's personnel folder. The Intern may affix a written response to the letter of counseling.

B. Serious allegations of unprofessional or unethical conduct on the Intern's part may necessitate a formal investigatory process by a panel composed of two VAMC staff psychologists (one to be selected by the Intern, one appointed by the Director of Training), a fellow Intern (selected by the Intern) and (if requested) a faculty representative of the Intern's academic training program (appointed by the academic program's DCT). The panel's conduct will be governed by the APA's manual on Ethical Standards and the APA's standards for Providers of Psychological Services. Its findings and recommendations will serve as the basis for subsequent decisions and actions by the

Behavioral Health Care Line Manager with regard to the Intern's status (e.g., exoneration, censure, or dismissal from the Internship).

INTERN EEO PROCEDURE

The Syracuse VA and the Psychology Internship Training Program do not discriminate in regard to race, color, religion, age, gender, national origin, political affiliation, disability, sexual orientation, marital or family status or other differences. Any Psychology Intern who believes that he/she has been discriminated against and wishes to pursue an EEO complaint may do so in accordance with the procedures enumerated in the Network Memorandum 10N2-64-07, dated July 5, 2007 (Network 2 Equal Employment Opportunity Program).

APPENDIX E

Comprehensive Case Presentation: Evaluation Form

Intern Name: _____

Date: _____

Supervisory Staff: _____

How well did the presentation address each of the following?

1 = Needs significant improvement

2 = Needs some improvement

3 = Satisfactory

4 = Exceeds expectations

5 = Outstanding

Skill Area	Rating
1. Adequately addresses the following domains:	
a. Theory	
b. Research	
c. Assessment	
d. Intervention	
2. Integration of the above four domains	
3. Selects empirically grounded article/chapter that is relevant to the treatment case	
4. Attends to article strengths, limitations, implications	
5. Communicates information in a clear, professional manner	
6. Demonstrates a thorough understanding of the information presented	
7. Is receptive to questions and comments, and responds to them in an informed manner	
8. Gives appropriate attention to ethical considerations	
9. Attends to, and understands, the role of cultural and individual diversity issues	
Overall Evaluation	

Assessment Case Presentation: Evaluation Form

Intern Name: _____

Date: _____

Supervisory Staff: _____

How well did the presentation address each of the following?

1 = Needs significant improvement

2 = Needs some improvement

3 = Satisfactory

4 = Exceeds expectations

5 = Outstanding

Skill Area	Rating
1. Issues related to the referral question (e.g., What was the referral source and the purpose of referral? What information was requested? Were attempts made to clarify the referral question or consult with the referral source?)	
2. Provisional and rule out diagnoses (i.e., what diagnoses were considered initially important and why?)	
3. Test selection (i.e., rationale for tests chosen, awareness of strengths and limitations of tests used, test selection meaningfully linked to referral question)	
4. Test interpretation (i.e., level of sophistication of test interpretation, ability to integrate information from multiple sources, understanding of psychometric considerations in test interpretation)	
5. Cultural, educational, age-related, and other diversity considerations in test administration and interpretation.	
6. Clinical conceptualization (e.g., conceptualization shows understanding of patterns of coping, interpersonal relations, personality and social issues; conceptualization effectively integrates testing, interview and record data)	
7. Diagnosis (i.e., Diagnosis is comprehensive, clinically sophisticated, and based on assessment data; intern communicates a good understanding of diagnostic issues)	
8. Recommendations (i.e., recommendations are linked to the conceptualization and the referral question and are clear, specific, relevant, and practical)	
9. Needed information (i.e., What questions remain? What follow-up might be done? What additional information would be useful?)	
10. Is receptive to questions and comments, and responds to them in an informed manner	
Overall Evaluation	

APPENDIX F

SEMINAR RATING FORM

DATE: _____

TOPIC: _____

PRESENTER: _____

	Not at All					Very				
Relevant										
Was the information relevant?	1	2	3	4	5	6	7	8	9	10

COMMENTS: _____

	Not at All					Very				
Adequate										
Was there adequate discussion?	1	2	3	4	5	6	7	8	9	10

COMMENTS: _____

	Very Low					Very High				
Please rate the overall										
Quality of the presentation?	1	2	3	4	5	6	7	8	9	10

COMMENTS: _____

ADDITIONAL SUGGESTIONS or COMMENTS: _____

APPENDIX G

SUPERVISOR EVALUATION FORM Syracuse VA Medical Center

To assure a quality psychology training program, it is necessary to receive periodic feedback on the quality of supervision. This form is designed to elicit this type of information. Please make your own evaluations. Do not discuss your answers with other interns. Upon completion of this form, please turn it in to Ms. Carol Llados, Program Support Assistant, Behavioral Health Careline.

SUPERVISOR'S NAME: _____

ROTATION: _____

Please rate your supervisor's performance in each of the following areas. Try not to let your rating in one category influence your rating in another category.

	Excellent	Good	Fair	Poor	Unsatisfactory
Provides Professional Instruction	5	4	3	2	1
Maintains supervision schedule	5	4	3	2	1
Motivates quality performance	5	4	3	2	1
Communicates freely	5	4	3	2	1
Generates enthusiasm	5	4	3	2	1
Produces confidence	5	4	3	2	1
Preparation for supervision	5	4	3	2	1
Respect for other viewpoints	5	4	3	2	1
Availability	5	4	3	2	1
Stimulates discussion	5	4	3	2	1
Concerned about intern problems	5	4	3	2	1
Overall Rating	5	4	3	2	1

1. Please describe the nature and frequency of the supervision you have received.
2. Is your supervisor generally accessible when you need help?
3. Do you know what your supervisor thinks of your performance?
4. Have you experienced any problems as a direct result of a lack of communication between you and your supervisor? If “yes,” please explain.

Improvements which could be made: _____

Good Qualities: _____

Other Comments: _____

Your name (optional): _____ Date: _____

APPENDIX H

SYRACUSE VA PSYCHOLOGY TRAINING PROGRAM END-OF-YEAR EVALUATION

Training Month and Year: _____

1. Are you doing what you thought you would be doing when you accepted this internship? In other words, was the position accurately described? If not, what is the discrepancy?
2. Do you think your duties have been too simple, too advanced, or just about right for someone with your experience?
3. What duties and responsibilities would you like to see added to or deleted from you current rotations?
4. What relevance do you see between your present position and what you plan to do following graduation? Are you learning the skills you think you will need later?
5. Have resources such as office space, clerical support, recording equipment, the library, etc., been adequate?
6. Have you experienced any problems s a direct result of a lack of communication between the hospital and your university department?
7. Additional Comments:
8. Please complete the Internship Alumni Survey (and return to Ms. Llados).